

ST. GERMANS RURAL DISTRICT COUNCIL



ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR

1959



P. J. FOX, M.B., B.Ch., B.A.O., D.P.H.

The Chairman and Members of the Council of the Rural District of St Germans.

Mr. Chairman, Ladies and Gentlemen,

The estimated population of No. 7 Health Area fell by 500 in 1959 to a total of 50,730. Of individual County Districts St. Germans Rural District, Torpoint Urban District and Liskeard Municipal Borough all showed decreases; there was no change in Liskeard Rural District and Saltash Municipal Borough and Looe Urban District had small increases. The corrected birth rate of 14.0 per 1000 of population was below the 1958 rate and was also below the national rate of 16.5 live births per 1000 of the population. The number of still-births fell by 7 to a total of 13 as compared with 1958 and brought the still-birth rate slightly below that for England and Wales.

The corrected death rate of 12.4 per 1000 of population was slightly above the national figure of 11.6 and the excess of deaths over live births was 61 suggesting a higher than usual proportion of elderly persons in the population of South East Cornwall. There were no deaths attributable to pregnancy and childbirth and infant deaths fell by 6 to a total of 9, bringing the infant mortality rate well below that for the country as a whole.

The prevalence of diseases causing death was substantially unchanged with heart disease, cancer and "strokes" in that order at the head of the list. Of the specifically defined forms of cancer that affecting the stomach was the most frequent cause of death with cancer of the lung and bronchus following very closely behind it.

The incidence of infectious disease (not including tuberculosis) was not particularly heavy during 1959 when 615 cases in all were notified. Cases of measles, of which 444 were notified, made up two-thirds of the total. Of the more serious forms of notifiable disease one case of non-paralytic poliomyelitis and one case of meningitis only were notified. If previous impressions are any guide I would have expected some increased prevalence of poliomyelitis in association with the hot dry summer weather of 1959. The fact that one mild case only occurred leads one to hope and believe that the poliomyelitis vaccination campaign has produced this wholly desirable result. It is yet too early to express any firm or useful opinion on the duration of the immunity which the vaccine provides but there are suggestions that a further (fourth) injection will be necessary to provide really satisfactory immunity of reasonable duration. Whilst the response to this prophylactic measure was quite good in those up to 15 years of age, in the 15 to 25 year age group the interest shown was very poor, and the majority in this age group have not bothered to avail themselves of this measure of protection against poliomyelitis. This scheme has now been extended to include persons up to the age of 40 years, but here again preliminary impressions are of very limited interest by those in the 25 to 40 year age group.

In recent years reports have been received of a mild epidemic type of gastro-enteritis and during the summer of 1959 it was fairly prevalent amongst visitors and local residents in this Area. The disease, the main features of which are vomiting and/or diarrhoea is normally of short duration and clears up in 24 to 48 hours without any specific treatment. Although bearing a superficial resemblance to food poisoning it differs from it in that no food poisoning germs can be found in the stools, and spread of the disease resembling as it does the passage of the common cold suggests that the infecting organism is probably airborne from the upper respiratory tract of the sufferer. The cause is unknown but is thought to be a virus as yet unrecognised and unclassified.

At the present time the only communicable disease which gives cause for concern, and remains as a reminder of less happy days is tuberculosis. Whilst it is true that we no longer see the tragic deaths of young adults and talented and useful members of the community in the prime of life there is still an appreciable amount of tuberculous infection about. At one time some ten years ago high hopes

were entertained that with more effective remedies and methods of treatment coupled with improved techniques for discovering cases and a more enlightened attitude to the disease the days of tuberculosis as a major communicable disease were numbered. These hopes have proved to be over-optimistic, and we now know that the problem although it will be eventually reduced to insignificant proportions cannot be expected to resolve and disappear rapidly. More efficient methods of treatment are in some cases a two-edged sword. In the majority of cases quick and effective cures are achieved, but in a certain minority of cases the drugs do no more than keep alive as potential or possible sources of infection persons who would otherwise have died of the disease, and thereby ceased to menace others. The more enlightened attitude to this disease which has been more and more in evidence since the war has not unfortunately been effective in the older section of the community who are very unwilling to accept any suggestion that they might be sources of infection. It is a common finding that elderly contacts of cases are unco-operative or frankly unwilling to attend contact investigations designed to find the source of infection, and they seem very reluctant to attend mass radiography sessions when these are held in a locality. As far as the No. 7 Health Area is concerned there has been a moderate increase in the number of new cases of tuberculosis discovered over the past two years. After a progressive steady fall from 1953 to 1957 the incidence of new tuberculous infection discovered in 1959 was back to the level of 1954. Whereas up to 15 or 20 years ago the main impact of this disease was on the young adult there has in recent years been a shift in the incidence to those in the middle-aged and elderly section of the population and in 1959 the percentage of cases aged 45 years and above at the time of notification was as high as 38%. If any lesson is to be learned from this it is surely that people, who because of their age might have regarded themselves as being safe from the risk of tuberculous infection, should not hesitate to seek advice and should submit to necessary investigation when any chest condition shows a tendency to become chronic or even slow to clear. This is particularly important if as grandparents they have contact with and possibly charge of small children.

Last year I wrote at some length about noise and the role it probably plays in helping to bring about mental strain and fatigue. I was gratified to see that not long after I had committed my sentiments to paper a lively attack on the problem and menace of loud and uncontrolled noise got under way in the correspondence columns of at least one national daily newspaper. This resulted in the formation of a Noise Abatement League or Society, and subsequently a Private Members Bill on the subject was brought before Parliament, and received general support. I sincerely hope that this and any future legislation which might be found necessary will deal firmly and effectively with the increasing volume of unnecessary and unpleasant noise which is such an unwelcome feature of our modern life.

I have on many previous occasions referred to the important, almost indispensable part which members of the general public can and indeed must play if a really satisfactory standard of food hygiene is to be achieved in this country. Those of us who are charged with advising on clean methods of food handling, and on suitable equipment to help achieve this, can do no more than exercise a general supervision of personnel and premises concerned in the handling of food. My own impression is that the greatest danger to clean food stems not from inadequate premises and equipment, but from unhygienic practices by those handling the food. These exist and continue partly because those concerned see no need for high standards in handling food, partly because owners, managers and employees in premises handling food know little of the simple rules for avoiding the transmission of infection through food, but most of all because the great mass of the British public are not really interested in the way in which their food is handled. We have known for some time that our neighbours from Europe, and especially from the Scandinavian countries do not think highly of our attitude to food hygiene. I was interested to read recently an account by a very experienced senior Public Health Officer of a visit to America during which he found amongst the general body of United States residents a much keener appreciation of the need for cleanliness in food handling, and a much less tolerant and laissez-faire attitude toward those who fail in their duty to the customer in this respect. Whilst it is probable that some of this attitude arises from the knowledge that in America illness presents a serious financial problem to the individual or family, it also shows a more critical and more enlightened view of the problem. I do not believe that even the most apathetic of consumers likes the idea of eating dirty and perhaps dangerous food, but until customers take a stronger line with employees and managements, real progress to the goal of really clean food will be slow and discouraging. I think the final word on this subject might rest with our transatlantic cousins whose slogan "Protect yourself yourself" is to the point and makes good sense.

For some considerable time the Cornwall Branch of the Association of Public Health Inspectors has been engaged in the formulation of standard conditions which

owners and operators of caravan and camping sites would be required to comply with before a licence under the Public Health Act 1936, Section 269 would be granted by a County District Council. These new standard conditions are so designed as to achieve clean, hygienic and healthy conditions for caravan dwellers and campers and any new sites should therefore be satisfactory from the public health point of view. These new standard conditions have been generally adopted throughout the County, and their operation will I feel sure in the course of time enhance the good name of Cornwall as a place for a caravan or camping holiday.

In recent years we have seen in Devon and Cornwall a less desirable type of itinerant holiday maker. I refer to those people who either elect or are forced to spend their nights sleeping in cars on roadside verges and lay-bys. That this way of spending a holiday is uncomfortable and fatiguing is largely a matter for those who do it, although I can believe that the participants in a "holiday" of this sort cannot be much of an asset to the organisation which employs them when they return to work. That they should cause the countryside adjacent to their halting places to become untidy, foul and insanitary from their litter and dejecta is something we are all entitled to complain about. My own view of these people is that they are for the most part feckless and irresponsible by nature having either failed to make proper arrangements in advance for their holiday accommodation, or in choosing this way of living without care or consideration for those who have to suffer the trail of filth which they leave in their wake. The fact that the practice has been seen to continue when there is accommodation on camping sites or in hotels, guest houses and farmhouses in the vicinity suggests that however much accommodation is made available some of these people will continue to spend their holidays in this cheap and nasty way. It will however be interesting to see if the provision of more camping sites to which these itinerants could gain admission and on which sanitary arrangements would be provided will do anything to reduce the size of the problem, and the degree of nuisance to landowners and the general public which it brings about each summer.

The report of the Medical Research Council with the title "Sewage Contamination of Bathing Beaches in England and Wales" which was published in December 1959 has occasioned much comment and not a little hostile criticism. This latter critical attitude stemmed from the fear that the negative findings of the Research Committee in their investigation into an association between bathing in water polluted by sewage and disease might lull local authorities into a false sense of security and complacency about their sewage disposal arrangements. In my view this criticism though well-motivated by anxiety to see the problem of sewage contamination of coastal waters and inland waterways tackled, was hasty, ill-conceived and hardly just to the Research Committee. We are all aware of the potential danger which sewage constitutes when present in water and on beaches frequented by bathers. It was in an effort to define and measure more precisely the extent and nature of the hazard to health that the Committee undertook a long and searching enquiry into the matter. At the end of this enquiry they had no alternative but to report that they could discover no evidence that bathing in sewage contaminated water caused disease. I was not surprised at this finding since I have never encountered any case of disease which I could honestly attribute to bathing in sewage contaminated water nor have my colleagues in general practice in this part of Cornwall ever drawn my attention to any such instance. It does not at all follow that because bathing in contaminated water does not appear to be dangerous to health that we can with impunity continue to discharge crude sewage into coastal waters or indeed any waterway. In my Annual Report for 1955 I urged that the necessity for proper means of sewage disposal be assessed largely on questions of public decency and amenity, and less on any potential threat to health. The negative findings of the Research Committee support the view I then took and make it more necessary than ever that this problem be approached from the aesthetic angle. Our claim to be a civilized nation with a high standard of living rings very hollow if we are not prepared to deal energetically with our present disgusting habit of fouling coastal waters, inland watercourses, and land with our dejecta.

Whilst on the subject of sewage disposal I want to refer to a difficulty which is beginning to be felt in the operation of sewage disposal plants. The end result of present methods of treating sewage is the production of a solid residue known as sludge. This material has to be removed regularly from the disposal plant, and it is here that the difficulty arises. Sludge although containing nitrogenous material which renders it suitable as a type of manure, is unpleasant to handle,

and may spread organisms of human, animal, and plant disease to animals and crops. For these reasons it is far from easy and sometimes impossible to get farmers to remove sludge for use on land. As each year more sewage disposal plants are constructed and brought into operation the problem will become more acute. The most promising solution lies in a system which combining specially treated sewage sludge with selected parts of household refuse can produce an acceptable odourless and safe form of compost for use on agricultural land and in market and private gardens. This has the merit of helping to deal with two otherwise troublesome end-products of human existence - sewage sludge, and household and trade refuse - and the conservation and return to the land of nitrogenous materials and humus which might otherwise be lost. The major drawback is the high capital cost of such a plant making it necessary in the case of smaller authorities for several to combine together to provide one on a joint user basis, and this in turn would involve expense in transporting household refuse and sludge from those parts of the district served which are remote from the plant. In spite of this the increasing difficulty of disposing of sludge and of finding sites for properly controlled disposal of household refuse may compel Councils to adopt this or some other system to solve their problems.

With some easing in the demand for houses it has been possible for Councils to devote more attention to housing specifically designed for elderly people. As the drive to clear away old, unhealthy, sub-standard houses and cottages continues many instances of old persons living under very unsatisfactory housing conditions are coming to light. These old people are relieved of much worry if they feel that when the dwelling they live in has to be closed or demolished they can be rehoused in an old persons flat or bungalow instead of having to go to a home or an institution.

In concluding this preface I should like to again express my thanks to all those who in any way have assisted and encouraged me in my work during the year 1959.


I have the honour to be,

Mr.Chairman, Ladies and Gentlemen,

Your obedient Servant,

F.J. FOX

Medical Officer of Health.



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ST. GERMAN'S RURAL DISTRICT

Public Health and General Purposes Committee.

Councillor W.G.Sealey	...	...	...	...	Chairman
Councillor F.R.Congdon	...	...	...	...	Vice Chairman
The whole Council.					

Housing Committee.

Councillor J.J.H.Carne	...	...	...	...	Chairman
Councillor E.M.Shaw	Vice Chairman
The whole Council.					

Public Health Officers of the Authority.

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W.E.Grylls, M.I.P.H.E., M.R.S.H.
Chief Public Health Inspector.

R.L.Williams, M.R.S.H.
Public Health Inspector.

W.T.Rees, M.S.I.A., (Commenced 5.1.1959)
Public Health Inspector.

Council Offices, Lower Port View, Saltash.
Telephone - Saltash 2177.

ST. GERMANS RURAL DISTRICT

Area of Rural District	48,433 acres
Population (Registrar Generals Estimate)	15,410
Number of Inhabited Houses	5,822
Rateable Value at 1.4.59.	£ 123,262
Product of Penny Rate 1959/60.	£ 486. 18s. 7d.

Vital Statistics for 1959.

	<u>Male</u>	<u>Female</u>	<u>Total</u>
Live Births	81	89	170
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Birth rate per 1,000 of population	12.9	14.0	16.5
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Still Births	1	3	4
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Still birth rate per 1,000 total births	23.0	20.3	20.7
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths	118	96	214
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Death rate per 1,000 of population	12.5	12.4	11.6
	<u>Male</u>	<u>Female</u>	<u>Total</u>
Deaths of infants under one year of age	4	2	6
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>	<u>England & Wales</u>
Infant mortality rate per 1,000 live births	35.3	14.3	22.0

Principal Causes of Death at All Ages.

Heart disease	73
Cancer (all sites)	40
Vascular lesions of the nervous system ("stroke")	36
Respiratory disease	14
Circulatory disease	11
Accidents	7
Genito-urinary disease	4

Average Age at Death

<u>Males</u>	<u>Females</u>
69	72

There is nothing in the foregoing statistics that calls for special comment. The lower birth rate and the excess of deaths over births is a reflection of the higher proportion of older people in the community. The most numerous type of defined cancer was that affecting the windpipe and the lungs. There was a slight increase in the average age at death for both sexes and of those who died during 1959 the proportion who had reached or passed the age of 75 years at the time of death was just over 49%.

Infectious Disease.

The following are details of actual numbers and case rates of notifiable disease which occurred during 1959 :-

<u>Disease</u>	<u>Actual Numbers</u>	<u>Rate per 1,000 of population</u>	
		<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>
Measles	120	7.79	3.75
Whooping Cough	33	2.14	1.24
Pneumonia	19	1.23	0.95
Scarlet fever	16	1.04	0.77
Erysipelas	2	0.13	0.18
Meningitis	1	0.06	0.04
Food poisoning	1	0.06	0.02

Tuberculosis.

There was a further increase in the incidence of tuberculosis during 1959 when 12 new cases of this disease were discovered in the Rural District. Of these 11 were infections of the respiratory organs and there was one non-respiratory infection. There were no deaths during the year attributable to tuberculosis.

The following are details of new cases and case rates during 1959 :-

<u>Age Group</u>	<u>New Cases</u>	
	<u>Male</u>	<u>Female</u>
0 - 5	-	-
5 - 15	-	1
15 - 25	-	1
25 - 45	1	2
45 - 65	3	1
65 and over	<u>3</u>	<u>-</u>
	<u>7</u>	<u>5</u>

	<u>Rate per 1,000 of population</u>	
	<u>St.Germans R.D.</u>	<u>Health Area No.7.</u>
New cases	0.78	0.77
All known cases	6.16	6.23
Deaths	-	0.06

At the end of 1959 there were 84 known cases of respiratory tuberculosis and 11 known cases of non-respiratory tuberculosis resident in the Rural District.

National Assistance Act, 1948.

No action under Section 47 of this Act was called for during 1959.

Water Supply.

Although the greater part of the district receives filtered and sterilised water there are at least three sources from which untreated water is supplied. In the case of that supplying the Calstock parish which comes from a mine adit - a relatively deep source - there is little cause for concern as the likelihood of contamination is remote. The sources at Coombe near Kingsand, and that a short distance to the west of Millbrook have a very much more shallow origin with a much greater risk of animal or human contamination reaching the supply. This is especially so at Millbrook where the storage reservoir is open and uncovered, and where by reason of its proximity to the very popular strip of coast at Whitsand Bay the risk from unauthorised campers cannot be ignored.

I appreciate the difficulty of providing satisfactory treatment for small amounts of water since the cost of plant in relation to the quantity of water treated is high, and taste troubles from the chlorine used are likely to be more frequently encountered. Nevertheless the necessity for treating water from these sources must be borne in mind since a risk, albeit small, does definitely exist in the continued use of such supplies.

Sewerage and Sewage Disposal.

No large schemes were undertaken during the year but some work to enlarge existing schemes and planning for future schemes was in hand. The most pressing problem exists at present at Landrake and I hope that now that arrangements for new road works have been finalised it will be possible to make a start in the near future on a scheme for sewage disposal. A very large scheme to serve St. Ann's Chapel, Albaston and other hamlets and villages in that vicinity will have to be taken in hand before very long and I am glad to be able to report that the Council has called for a report on such a scheme from the Consulting Engineers.

Housing.

Again most of the limited activity in this field was directed to providing houses for people being displaced from old, sub-standard houses together with a certain amount of building of small specialised dwellings to meet the needs of elderly persons. I am very glad to see this latter development since until recently it was not possible to devote much attention to the needs of old people in spite of the steady growth in the proportion of old persons in the community.

Food.

In the great majority of premises handling and selling food a reasonable standard of hygiene was achieved and owners and managers were generally co-operative in following suggestions and advice given to them on this subject.

One case only of food poisoning was notified during the year. The source of infection was not traced but it appeared likely that the patient, a house-wife, was infected in her own home.

Factories Acts 1937 to 1959.

No difficulties in the operation of these Acts were encountered during 1959.

Report of Chief Public Health Inspector.

This report by Mr. W. E. Grylls follows. I should like to place on record my gratitude to Mr. Grylls, Mr. Williams and Mr. Rees for the help and co-operation they have given me during the past year.

ST. GERMAN'S RURAL DISTRICT COUNCIL.

PUBLIC HEALTH INSPECTOR'S REPORT

YEAR 1959.

WATER SUPPLY

As time goes on the demand for an efficient, sufficient, and wholesome water supply steadily increases far beyond that envisaged even a decade ago. Each year domestic and industrial consumers are demanding more and more water for normal needs and in the peak summer months the influx of visitors add further to the burdens of supply. Every year, however, the demands are met quietly and efficiently and this past year has been no exception. Added to the steady increase in consumption there have been additional connections to the mains, 33 of which were for domestic purposes, 20 for trade purposes, and 14 for combined trade and domestic needs.

To meet these demands, it has been necessary to improve supplies in certain areas by the renewal and replacement of certain pipelines. The most important scheme in this connection was at Donderry where some 1,100 yards of 3" watermain was replaced by a 5" main early in the year, whilst at Polbathic an old 1" pipeline was replaced by about 100 yards of 3" watermain, as was a similar length at Tideford, and at Liskeard Road, Callington, 135 yards of old $\frac{3}{4}$ " pipeline was replaced by a 3" main. At the Incline, Butts, Calstock, 220 yards of $1\frac{1}{2}$ " main was laid to replace a very old 1" pipeline, and some 60 yards was also laid to Mason's Row, Gunnislake.

An extension of some 540 yards of $1\frac{1}{2}$ " bitumen lined watermain was laid from Bara Head to supply a new Electricity Sub-Station and two farms, and a short extension of 60 yards of 3" main was laid to accommodate new development at Craffthole.

By the end of the year all arrangements were completed for the renewal of the watermains in Gunnislake village and this should be accomplished early in the new year.

Negotiations between the Council and the Mount Edgcumbe Estate for the take over of the Cremyll Water Supply did not materialise and the future requirements of this area will now be a matter for the new East Cornwall Water Board which has been set up by the Ministry. The new Board comes into being next year and much speculation exists as to the manner in which the take over will be handled. In any case it would appear that the Council, who have already expressed their willingness to do so, will have to manage the system within the district on an agency basis at the outset.

SEWERAGE AND SEWAGE DISPOSAL

The Callington outfall works, the largest in the district, have been working satisfactorily since brought into use this year although minor problems have arisen over the quantity of surface water reaching the outfall, and over the question of sludge disposal. This latter problem is not always easily overcome as disposal on land is dependent upon the co-operation of landowners in the first instance, and upon the weather. As the sludge lagoons are unprotected, sludge removal must necessarily take place after and during dry weather and this, with our weather, can be somewhat uncertain. Fortunately, arrangements exist whereby the sludge can be removed at short notice to nearby farm land and to date no undue difficulties have arisen.

The smaller outfall works at St.Germans, Quethiock and St.Dominick have worked very effectively under regular maintenance, whilst the numerous sea outfalls have been quite satisfactory. Despite the widespread publicity given in the National Press to coastal pollution there has been little if any evidence to indicate that there is any great problem along the district coastline.

By the end of the year the scheme for an improved outfall to the St.Mellion village system was well under way and it is hoped that this work will proceed in the next year.

All the Council's outfall works are now regularly serviced by the Cesspool Emptying Machine and during the year 78 loads were removed from the various works. During this period, also, 80 private disposal plants were attended to and requests for the service are received regularly.

REFUSE COLLECTION AND DISPOSAL

A very satisfactory service has been maintained during the year and this has been greatly assisted by the introduction of a new 15 cu.yd. Derby type vehicle in the northern part of the district. The experience gained from operating a smaller type of this vehicle last year in the southern area enabled the collection routes and disposal points in the north to be revised and used to great advantage. The tip at Drakewalls Shaft and the temporary use of the Florence Shaft made economical disposal a reality and by the introduction of a smaller tip at Landrake Quarry, a considerable saving in haulage was achieved. The acquisition of the additional land required at Targett was completed after rather prolonged negotiation and this should greatly ease disposal problems in the new year.

The quantity of refuse appears to be on the increase and this would appear to be due to the number of cartons and boxes being collected, and also to the failure of householders generally to burn all combustible materials. If only all paper, cardboard boxes, etc., were incinerated the bulk of refuse for collection would be reduced by almost fifty per cent, with a substantial saving in both collection and disposal costs.

The holiday visitor, generally speaking, has responded quite well to the anti-litter drive and the roadside litter bins which are put out on the main thoroughfares during the summer season are fully used.

Tipping at the Millpond, Millbrook, again came under fire from the local hardcore of opposition and eventually an Inspector from the Ministry visited the site. Certain improvements suggested have been implemented and disposal there is now quite satisfactory. Tipping on a limited scale at Trewin Quay and St.Germans Quay has also helped reduce disposal costs.

PUBLIC CONVENIENCES

All premises have been well maintained and reasonably well treated during the year. The reconstruction of the convenience at Callington Pannier Market should be completed early in the new year, and this scheme should greatly improve the appearance of the Market entrance and provide up to date facilities. It has been decided also to construct a new convenience for ladies at Cawsand on the site of a condemned cottage fronting the beach. Such a convenience has been long overdue at this popular resort and the opportunity now presents itself to remove an eyesore and provide a long awaited necessity. It is hoped that the building will be in use for the coming summer season.

HOUSING

Last year's report gave a comprehensive survey of the general housing position and progress, in all its phases, has continued on the same lines throughout the year. A further six Council houses were completed at Edgcumbe Crescent, Millbrook, bringing the total number of Council houses in occupation to 574 at the end of the year, with a further ten houses still under construction on sites at Callington (four), Kingsand (four), and Calstock (two).

Private enterprise development provided an additional eighteen new dwellings during this period. Against this 25 sub-standard properties were demolished under operative Demolition Orders.

Improvement Grants totalling £6,748 were approved in respect of 23 properties during the year, although during the same period only one Standard Grant was approved. It is anticipated that far more applications for Standard Grants will be made in the future, as the procedure to be adopted is much simplified. It is to be regretted, however, that the general housing standard which has to be accepted for such a Grant can be well below that which the Council can obtain under the Discretionary Grant scheme.

Progress on the Council's own schemes of improvement in respect of 83 pre-war Council houses has steadily advanced and by the end of the year 57 houses had been brought up to the requisite standard by the installation of modern hot water supply systems and the provision of the corresponding facilities.

The provision of new dwellings and the improvement of existing properties are well in advance of the rate of loss of sub-standard houses and it is obvious that the Council are steadily raising the general standard of housing without creating hardship and difficulties in the process. If the present progress can be maintained an acceptable housing standard throughout the district can soon be achieved.

MEAT AND OTHER FOODS

As envisaged in last year's report there was a considerable increase during the year in the overall number of animals killed at the two slaughterhouses at Kelly Bray and Tideford, and 6,114 carcasses were inspected as compared with 2,710, an increase of 125.6%. This increase is mainly attributable to the slaughtering at the Kelly Bray slaughterhouse where the number of pigs and sheep slaughtered increased by 109.7% and 185% respectively. The bulk of the additional carcasses was sent to meet the demand of the London market and a regular weekly trade appears to have been established.

Details of the 6,114 carcasses inspected during the year are as follows :-

	<u>Cattle excluding Cows.</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lamb</u>	<u>Pigs</u>
Number killed (if known)	494	76	63	3,862	1,619
Number inspected	494	76	63	3,862	1,619

All diseases except Tuberculosis & Cycticercosis

Whole carcasses condemned	Nil	3	2	24	8
Carcasses of which some part or organ was condemned	134	37	Nil	254	66
Percentage of the number inspected affected with disease other than Tuberculosis & Cycticercosis	27.12	52.63	3.17	7.19	4.57

Tuberculosis Only

Whole carcasses condemned	Nil	Nil	Nil	Nil	2
Carcasses of which some part or organ was condemned	3	Nil	Nil	Nil	75
Percentage of the number inspected affected with tuberculosis	.607	Nil	Nil	Nil	4.75

	<u>Cattle excluding Cows.</u>	<u>Cows</u>	<u>Calves</u>	<u>Sheep and Lamb</u>	<u>Pigs</u>
<u>Cysticercosis</u>					
Carcases of which some part or organ was condemned	19	-	-	-	-
Carcases submitted to treatment by refrigeration	19	-	-	-	-
Generalised and totally condemned	Nil	1	-	-	-

It is pleasing to note that despite the increase in numbers the percentage of carcasses inspected affected with tuberculosis shows an encouraging improvement, and the disease is rarely met in cattle now, being chiefly restricted to pigs.

The increase in the percentages of other diseases is mainly caused by the more common infections of the liver and the carcase meat generally has not been affected in any way

Cysticercosis was detected in more carcasses during the year and the County Medical Officer of Health was furnished with full particulars of every case encountered to assist him in his investigations into the prevalence of this disease throughout the County.

Throughout the year consultations have taken place with neighbouring Authorities and all interested bodies as required under the Slaughterhouse Act, 1958, and a report on slaughterhouse facilities within the district is being drawn up and it is hoped to submit this to the Minister of Agriculture, Fisheries and Food early in the coming year.

The routine examination of other foodstuffs has continued unobtrusively throughout the year, and food premises of all types have been regularly visited. The standard of cleanliness and hygiene throughout the district is to be commended.

Inspections were carried out within the Saltash Borough during the absence of their Public Health Inspector, as in previous years.

Additional registrations of Food Premises under the Food and Drugs Act 1955, embraced four premises for the sale of ice-cream, and for the preparation and sale of cooked meats and sausages.

All other usual registrations and licences were renewed.

CAMPING SITES AND MOVEABLE DWELLINGS

All the licensed camping sites within the district maintained their high standards throughout the year and appear to have been well patronised. A new site at Tamar Works, Coxpark, and one at Bake, are under construction and these should help cater for the touring type of caravanner. More and more people appear to be taking touring holidays and caravans and "Dormobile" type vehicles are on the increase, bringing in their wake the problem of site accommodation with all its complex difficulties. New legislation will have to be introduced before long to meet the needs and requirements of this trend and in a tourist area such as this adequate provision must, of necessity, be made.

Seventeen individual licences for moveable dwellings were issued during the year, but sporadic camping is taking place all along the coastal region and the proper and adequate control of this is proving well-nigh impossible. The land owners themselves are mainly to blame for this, as they seem unwilling to accept the responsibility of the benefit of properly regularised camping.

GENERAL

There have been no unusual public health matters during the year and activity has been fairly routine. At the end of last year the Council accepted delegated powers of inspection and licensing of boiling plants under the Diseases of Animals (Waste Foods) Order, 1957, and during the year two such plants were approved and licensed.

The Council's officials have attended various Civil Defence Courses and Exercises incorporating public health aspects and much useful information has been accumulated.

Rodent control generally, and the treatment of sewers and refuse tips, has followed routine practice, whilst the Council has participated in organised rabbit clearance schemes under the direction of the Ministry of Agriculture, Fisheries and Food.

As a holiday area, the Council has also had regard for the safety precautions necessary on the beaches and up-to-date modern life-saving equipment has been provided and rescue teams encouraged.

APPENDIX 1

PRINCIPAL CAUSES OF DEATH - ALL AGES - 1959

DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Heart disease	73	78	32	16	53	27	279
Cancer (all sites)	40	26	20	10	15	19	130
Vascular lesions of the nervous system ("stroke")	36	20	17	7	16	11	107
Respiratory disease	14	11	6	6	2	2	41
Circulatory disease	11	3	7	3	4	-	28
Accidents	7	6	1	2	1	-	17
Genito-urinary disease	4	3	1	-	1	3	12
Digestive disease	2	3	1	-	1	-	7
Suicide	2	3	1	-	1	-	7

* Includes 3 motor vehicle accidents.

APPENDIX 2.

TYPES OF HEART DISEASE AND CANCER CAUSING DEATH - 1959

TYPE OF DISEASE	ST.GERMANS R.D.	LISKEARD R.D.	SALTASH M.B.	TORPOINT U.D.	LISKEARD M.B.	LOOE U.D.	HEALTH AREA NO.7
Coronary disease, angina	32	30	20	6	8	10	106
Hypertension with heart disease	2	5	-	1	3	2	13
Other heart disease	39	43	12	9	42	15	160
Cancer of stomach	4	4	4	3	1	3	19
Cancer of lung & bronchus	6	-	4	2	4	2	18
Cancer of breast	5	3	2	-	-	2	12
Cancer of uterus	1	3	-	-	-	1	5
Leukaemia	2	-	1	-	-	1	4
Other cancers	22	16	9	5	10	10	72

APPENDIX 3.

DEATHS BY AGE GROUPS - 1959

DISTRICT	0 - 5 YEARS	5-15 YEARS	15-45 YEARS	45-65 YEARS	65-75 YEARS	75 YEARS AND OVER	ALL AGES
ST. GERMANS R.D.	6	1	2	39	61	105	214
LISKEARD R.D.	4	-	9	33	41	77	164
SALTASH M.B.	-	1	2	24	31	35	93
TORPOINT U.D.	-	-	2	9	13	23	47
LISKEARD M.B.	-	1	1	15	28	60	105
LOOE U.D.	-	-	1	15	14	36	66
HEALTH AREA NO. 7	10	3	17	135	188	336	689

APPENDIX 4.

AVERAGE AGE AT DEATH - 1959

DISTRICT	MALES	FEMALES
ST. GERMANS R.D.	69	72
LISKEARD R.D.	67	71
SALTASH MB.	68	72
TORPOINT U.D.	72	71
LISKEARD M.B.	75	76
LOOE U.D.	73	74
HEALTH AREA NO.7	71	73

APPENDIX 5.

TUBERCULOSIS
NEW CASES AND DEATHS IN HEALTH AREA NO. 7 - 1959

AGE GROUP	NEW CASES		DEATHS	
	M	F	M	F
0 - 5 YEARS	1	-	-	-
5 -15 YEARS	1	2	-	-
15 -25 YEARS	1	5	-	-
25 -45 YEARS	6	8	-	-
45 -65 YEARS	5	2	-	-
65 YEARS AND OVER	6	2	1	2
	20	19	1	2

	MALES	FEMALES	TOTAL
NEW CASE RATE PER 1000 OF POPULATION	0.39	0.37	0.77
MORTALITY RATE PER 1000 OF POPULATION	0.02	0.04	0.06

CASE RATES AND MORTALITY RATES PER 1000 OF POPULATION IN THE SIX COUNTY DISTRICTS IN HEALTH AREA NO. 7 - 1959

DISTRICT	NEW CASES	ALL KNOWN CASES AT 31.12.59.	DEATHS
ST. GERMANS R.D.	0.78	6.16	-
LISKEARD R.D.	0.65	4.83	0.07
SALTASH M.B.	0.81	6.98	0.13
TORPOINT U.D.	0.67	7.73	-
LISKEARD M.B.	1.64	7.96	0.23
LOOE U.D.	0.26	5.82	-
HEALTH AREA NO. 7	0.77	6.23	0.06
CORNWALL COUNTY	0.61	7.23	0.07

APPENDIX 6.

CANCER OF THE LUNG AND BRONCHUS
DEATHS BY AGE GROUPS AND SEXES - 1959

AGE GROUP	MALES	FEMALES
15 - 45 YEARS	-	-
45 - 65 YEARS	7	2
65 - 75 YEARS	6	1
75 YEARS AND OVER	2	-
ALL AGES	15	3

CANCER OF THE LUNG AND BRONCHUS
DEATH RATE PER 1000 OF POPULATION - 1959

	MALES	FEMALES	TOTAL
HEALTH AREA NO. 7.	0.296	0.059	0.355
CORNWALL COUNTY	0.280	0.041	0.321
ENGLAND AND WALES	0.401	0.063	0.464

APPENDIX

FACTORIES ACTS, 1937 to 1959

This table is enclosed by a request of the Minister of Labour to indicate to Medical Officers of Health the prescribed particulars which are required by Section 128(3) of the Factories Act, 1937, to be furnished in their Annual Reports with respect to matters under Parts I and VIII of that Act which are administered by the District Council. This table, which is not intended to supersede the fuller statement which is desirable in the text of the Report, should be attached as an annex to the Report.

ANNUAL REPORT OF THE MEDICAL OFFICER OF HEALTH
IN RESPECT OF THE YEAR 1959 FOR THE RURAL
DISTRICT OF ST.GERMANS IN THE COUNTY OF CORNWALL

Prescribed particulars on the Administration of the Factories Act, 1937.

Part I of the Act

1. INSPECTIONS for purposes of provisions as to health (including inspections made by Public Health Inspectors).

<u>Premises</u>	<u>Number on</u>	<u>Inspections</u>	<u>Number of</u>	<u>Occupiers</u>
<u>(1)</u>	<u>Register</u>	<u>(3)</u>	<u>Written</u>	<u>prosecuted</u>
	<u>(2)</u>		<u>notices</u>	<u>(5)</u>
			<u>(4)</u>	
(i) Factories in which Sections 1,2,3,4 and 6 are to be enforced by Local Authorities	4	6		
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	63	29		
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)				
Total	67	35		

2. Cases in which DEFECTS were found

<u>Particulars</u> (1)	<u>Number of cases in which defects</u> <u>were found</u>				<u>Number of</u>
	<u>Found</u> (2)	<u>Remedied</u> (3)	<u>Referred</u>		<u>cases in which</u> <u>prosecutions</u> <u>were instituted</u> (6)
			<u>To H.M.</u>	<u>To H.M.</u>	
			<u>Inspector</u> (4)	<u>Inspector</u> (5)	
Sanitary Conveniences (S.7) (a) Insufficient	6	6		6	
Total	6	6		6	

Part VIII of the Act

Outwork

(Sections 110 and 111)

Number of out-workers in August
list required by section 110(1)(c) ... 1.

